

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

STATE OF NEW MEXICO, <i>ex rel.</i>	)	
State Engineer,	)	
	)	
Plaintiff,	)	69cv07941-BB
	)	
vs.	)	RIO CHAMA STREAM SYSTEM
	)	Section 3: Canjilon Creek
ROMAN ARAGON, et al.,	)	
	)	
Defendants.	)	
	)	


**CERTIFICATE OF SERVICE**

Edward G. Newville, attorney for the Plaintiff State of New Mexico, *ex rel.* State Engineer states that pursuant to Fed. R. Civ. P 4(e)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendants were served with process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to Defendants listed below. A copy of the Defendants' signature receipt is attached as Exhibit "A" hereto.

Defendant	Subfile No.	Date of Signed Receipt
Joseph D. Montoya	CHCJ-003-0053	August 26, 2008
David Manuel Maes	CHCJ-002-0049B	August 19, 2008

Dated: September 11<sup>th</sup>, 2008.

Respectfully submitted,

  
EDWARD G. NEWVILLE  
Special Assistant Attorney General  
Office of the State Engineer  
P.O. Box 25102  
Santa Fe, NM 8504-5102  
(505) 867-7444

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the ~~11<sup>th</sup>~~ <sup>20<sup>th</sup> day of November</sup> day of September, 2008 I filed the foregoing electronically through the CM/ECF system which caused the parties on the electronic service list, as more fully set forth in the Notice of Electronic Filing, to be served via electronic mail, and served the following non CM/ECF participants in the manner indicated:

via first class mail, postage prepaid addressed as follows:

Joseph D. Montoya  
P.O. Box 561  
Canjilon, NM 87515

David Manuel Maes  
P.O. Box 634  
Canjilon, NM 87515

/s/ Ed Newville  
EDWARD G. NEWVILLE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>Joseph D. Montoya</i>	
1. Article Addressed to:  <p><b>Joseph D. Montoya</b>  <b>P.O. Box 561</b>  <b>Canjilon, NM 87515</b></p>		B. Received by (Printed Name) <i>Joseph D. Montoya</i>	
		C. Date of Delivery <i>8/26/08</i>	
		D. Is delivery address different from item 1? If YES, enter delivery address below:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from)		7003 3110 0000 5006 0385 <i>CHCJ-003-0053</i>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>David Maes</i>	
1. Article Addressed to:  <p><b>David Manuel Maes</b>  <b>P.O. Box 634</b>  <b>Canjilon, NM 87515</b></p>		B. Received by (Printed Name) <i>David Maes</i>	
		C. Date of Delivery <i>8/19/08</i>	
		D. Is delivery address different from item 1? If YES, enter delivery address below:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from)		7003 3110 0000 5006 0378 <i>CHCJ-002-00498</i>	
PS Form 3811, Feb		Domestic Return Receipt	
		102595-02-M-1540	

